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PATENT
Attorney Docket No.: 018781-004110
Client Ref. No.: T99-021-1US

1646

Rlw

On 6-17-04

TOWNSEND and TOWNSEND and CREW LLP

By: Linda Shaffer

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Jurgen M. Lehmann *et al.*

Application No.: 09/760,364

Filed: January 12, 2001

For: CAR MODULATORS:
SCREENING AND TREATMENT OF
HYPERCHOLESTEROLEMIA

Customer No.: 20350

Confirmation No. 1585

Examiner: Joseph F. Murphy

Technology Center/Art Unit: 1646

AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action mailed December 17, 2003, please enter the following amendments and remarks:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 5 of this paper.



PTO/SB/21 (02-04)

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/760,364	
	Filing Date	January 12, 2001	
	First Named Inventor	Lehmann, Jurgen M.	
	Art Unit	1646	
	Examiner Name	Joseph F. Murphy	
Total Number of Pages in This Submission	1	Attorney Docket Number	018781-004110

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Postcard
Remarks The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual name	Townsend and Townsend and Crew LLP Eugenia Garrett-Wackowski	Reg. No. 37,330
Signature		
Date	6/17/04	

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Typed or printed name	Linda Shaffer		
Signature		Date	6/17/14